The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XIII DECEMBER, 1957 No. 10

Yuletide Message

What though the empyrean at night
In this berserk Atomic Age
Beside the timeless, starry light
That brightens many a poet's page
Exhibits beams from man-made moons
Which might alas misguide Saint Nick,
Or renobate the Crosby croons
For youngish brides, might not Sputnik
Turn out to be a cosmic gem?
May Christmas need for concord bring
A reborn star of Bethlehem
And world-wide happy fissioning!

E. P. B.

1957

Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult." —Hippocrates, 430 B.C.

Published monthly except July and August.
This Issue 650 Copies.

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FIRST BIRTHDAY

This, the December issue, completes Volume XIII of the Hippocrat. It completes also its first year's existence as a monthly bulletin.

The transition from a quarterly to ten issues annually has been far from easy. This was especially true during the first two or three months, when the Board of Editors had plenty of reason to ponder the outcome. Was the decision wise or did we bite off more than we could chew? Will we have enough suitable material to fill the increased number of pages or will we be forced to reduce the size of the Hippocrat? What about the financial implications? Most of all, will a more frequent bulletin serve the Society to better and greater advantage?

Most of these questions can now be answered with a fair degree of accuracy. After a year's time it would seem that the monthly appearance of the Hippocrat is not only feasible but also desirable. It can now publicize District meetings on time, and it can report their proceedings and transactions promptly and without delay. Its ample pages afford today space for current committee reports, for Society, personal, clinical and Auxiliary notices, for editorial comment, and above all for the always welcome "correspondence" from our membership. In short, the Hippocrat can now serve not only as a sounding board but also as a very effective instrument of information. orientation and communication. Financially it has more than earned its keep, thanks primarily to the generosity of our advertisers and to the industry of our business manager.

The Hippocrat is fully aware that it takes more than a Board of Editors to publish a monthly bulletin. It is therefore most anxious to express its appreciation to the many members who have contributed articles and other items of interest to its pages; to the Elm Tree Press for a job always well done; and last but not least to the officers and members of our Society for the many kind words of encouragement. Realizing, however, that there is always room for improvement, the Hippocrat invites you, the membership, to comment freely on its virtues and on its shortcomings. It invites you also to make such suggestions as may improve its usefulness to medicine and to our District Society. M.

Address Business Correspondence to:
Dr. John E. Leary
302 Sumner Avenue — Springfield 8, Mass.
Telephone: RE 4-3381

STATE PSYCHIATRIC CLINIC

Due to the efforts of our Society and of our state legislators, funds for establishing and maintaining a State Adult Out-Patient Psychiatric Clinic in Springfield became available November 13, 1957.

Recognizing the great need of psychiatric care among the medically indigent, your Society at the annual meeting in 1956 voted for such a State Clinic with a full time Chief in a Rehabilitation setting at the Springfield Municipal Hospital.

It is hoped that such a clinic, through early care, will reduce the numbers referred to mental hospitals. At present mental patients occupy more hospital beds then all other patients combined.

Having such a clinic in a medical rehabilitation setting will bring psychiatry closer to general medicine and provide motivation for the physically handicapped by having a psychiatrist readily available.

Such State Clinics in matters of public health lighten the local tax load by substituting rehabilitation for custodial care.

Commissioner of Mental Health Ewalt is a national authority on such clinics.

All members of the Society are urged to write to the Commissioner at 15 Ashburton Place, Boston, requesting that the wishes of the Society and provisions of H 1074 be implemented without delay. Whitney

FOR RENT
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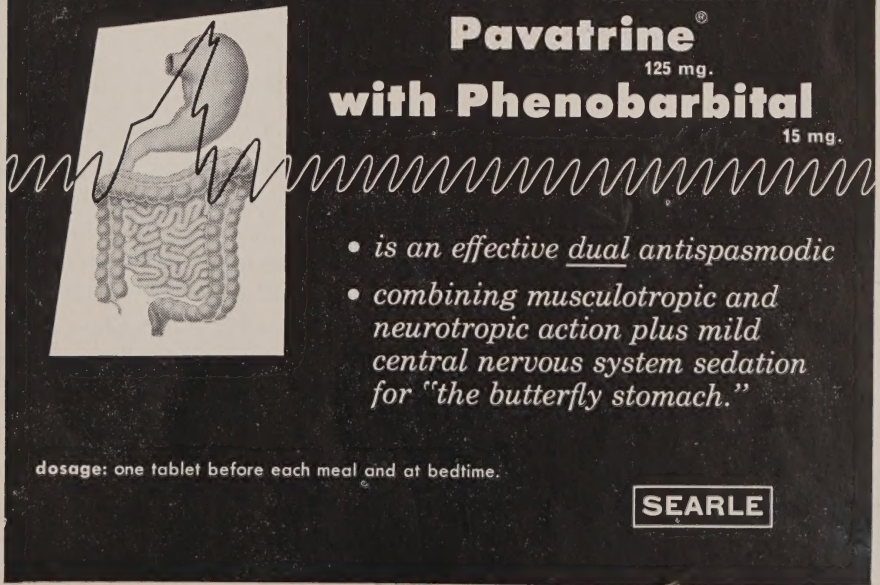
If it is newsworthy and medical, the Hippocrat would like to hear about it.

in spasticity of the GI tract


Pavatrine®
125 mg.
with Phenobarbital
15 mg.
• is an effective dual antispasmodic
• combining musculotropic and neurotropic action plus mild central nervous system sedation for "the butterfly stomach."
dosage: one tablet before each meal and at bedtime.
SEARLE

AUXILIARY DOINGS

The first regular meeting of the Auxiliary was held October 15th at the William Pynchon Memorial Building, Springfield, with Mrs. William Devlin, president, presiding. Guest of honor was Dr. Allen Johnson, president of the Hampden District Medical Society, who welcomed the group and complimented the members on carrying out the Auxiliary's objectives so well.

After a short business session, tea was served. The Works of art by members and their families were exhibited, creating a most interesting and pleasant atmosphere. At the tea table, Mrs. George L. Ross, Holyoke, Mrs. Harry L. Strachan, Mrs. Walter W. Williams and Mrs. Elmer F. Franseen, Springfield, poured.

* * * *

The Roger Smith Hotel ballroom, Holyoke, was the scene of the very successful White Cap Ball held this year on November 2nd. A delicious prime rib roast dinner, a scintillating orchestra and lovely floral decorations added to the enrichment of this social event which is sponsored annually by the Auxiliary for the purpose of raising funds for nursing scholarships.

Something new was added to the gaiety of the affair when 42 banners of various undergraduate colleges attended by the doctors were displayed. Some of the doctors were amazed to find their far away "Alma mater" represented in the display. (Some super sleuthing went on previous to the dance, one could see).

Financially, after all expenses were paid, about seventeen hundred and twenty-five dollars was added to the Nurses' Scholarship Fund. This tops the proceeds of two years ago which had reached fourteen hundred and seventy, as an all time high.

The Auxiliary is grateful to Mrs. Edwin Gillis of Westfield, chairman of the Ball and her co-chairman, Mrs. William Davis of Longmeadow and their hard working committee. It is grateful also for the splendid attendance and for the many donations, all of which helped to make this affair the tremendous success that it was.

Mrs. Leslie Parent,
Chairman, Publicity

BLUE CROSS AND BLUE SHIELD

" . . . . the following disparity exists between Blue Shield and Blue Cross premiums between 1942 and 1957—

Blue Shield

	1942	1957	
Individual Group A	.85	.90	month
Family Group A	2.00	2.50	"
Individual Group A	10.00	10.80	year
Family Group A	24.00	30.00	"

Blue Cross

Individual Group A	.85	1.90	month
Family Group A	2.00	5.30	"
Individual Group A	10.20	22.80	year
Family Group A	24.00	63.60	"

It is obvious from these facts that whereas Blue Shield costs have increased very little, Blue Cross costs have increased over 100%, and hospital allowances have increased proportionately; and that although these are sold as a package deal, the doctor who bears the onus for the increased cost of medicine receives no more than he did under these plans originally, although his expense has increased proportionately as well as that of the hospitals."

(Excerpt from report by Dr. William F. Donoghue, Chairman, Blue Shield Professional Service, presented at September meeting of District Society.)

in rheumatoid arthritis

on only 12 mg. daily average maintenance dosage†

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†in rheumatoid arthritis—daily maintenance dosage averages only 12 mg. (may be as low as 5 mg.) after initial suppression of symptoms

*"Meti"*steroids mean minimal maintenance dosage*

dosage: In rheumatoid arthritis—initially 20 to 30 mg. a day until favorable response is obtained. Dosage is gradually reduced by 2.5 to 5 mg. daily until maintenance levels between 5 and 20 mg. are reached. Buff-colored tablets of 1, 2.5 and 5 mg.

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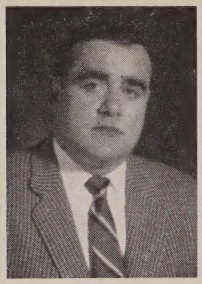
CLINICAL AND PERSONAL

New Member



James J. Gallagher, M.D.

Born: Brooklyn, New York, Oct. 4, 1924
Office: 140 High Street, Springfield, Mass.
School: State University of New York at New York City
Internship: Highland Hospital, Rochester, New York
Residency: Grace-New Haven Hospital, New Haven, Conn., Anesthesiology.

* * * *

At the meeting of December 10th the speaker of the Springfield Academy of Medicine will be Dr. John H. Talbott, Professor of Medicine, University of Buffalo School of Medicine, whose topic will be "Diagnosis and Treatment of Gout". The pre-meeting clinic, which will deal with "Connective Tissue (Collagen) Disease" will take place at the Mercy Hospital, 5 p.m.

The speaker at the January 14 meeting will be Dr. Isador S. Ravdin, John Rhea Barton Professor of Surgery, Medical School of Pennsylvania. His topic will be "Carcinomia of the Female Breast." The pre-meeting clinic that day, which will deal with "Surgical Abdominal Disease" will be held at the Mercy Hospital, 5 p.m.

* * * *

New faces are appearing among the staff of the Noble Hospital in Westfield. The most recent are Alfred M. Aborjaily, practice restricted to Obs-Gyn, and George H. Flessas, pediatrician. Does any one have an anaesthetist to spare? And if he also does general practice, so much the better! . . . . Haig Bozigian has finally found a place to "hang his hat". A new office, under construction, should be ready for occupancy about the middle of December. Westfield physicians, for many years, have been fortunate in the qualtiy of roentgenologists who have unselfishly served, but until now none could be persuaded to take root. Welcome, Haig!

Physicians are invited to attend the Quarterly Staff Meeting of the Springfield Hospital, December 14, 10:00 A. M. Dr. William Kaufmann will speak on "The Place of Exfoliative Cytology in Detection of Early Cancer." A film, entitled "Two Women", provided by the American Cancer Society, will be shown. Dr. Frederick S. Hopkins will be moderator.

* * * *

On November 11, 1957, Dr. Frederic Hagler was honored with a testimonial dinner on the occasion of his retirement from practice. More than 120 colleagues and friends attended the dinner which took place at Rovelli's. Toastmaster was Dr. Garry Hough, Sr.

High tribute to Dr. Hagler was paid by Dr. Edward Katz, president of the Wesson Memorial Hospital staff, and by Mr. Walter P. Gunn and Mr. Scott M. Stearns, members of the Board of Trustees. In addition to an inscribed scroll, Dr. Hagler was presented also with an oil painting of himself which will be mounted prominently at the Wesson Memorial Hospital.

* * * *

Mr. Robert F. Tuveson is the new Administrator of the Wesson Memorial Hospital succeeding the late John W. Cavers.

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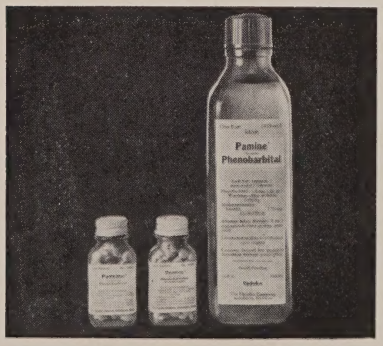
Usual adult dosage:
2 tablets ½-hour before meals and 2 to 4 at bedtime (or 2 tablets four times daily).

Pamine-Phenobarbital Elixir containing 1.25 mg. methscopolamine bromide, and 8 mg. (⅛ gr.) phenobarbital per 5 cc. teaspoonful. In pint bottles.

Usual adult dosage:
2 teaspoonfuls four times daily.

The Upjohn Company, Kalamazoo, Michigan



*TRADEMARK, REG. U.S. PAT. OFF. THE UPJOHN BRAND OF METHSCOPOLAMINE BROMIDE

CORRESPONDENCE

THE JENKINS - KEOUGH BILL

Dear Hippocrat:

I found Dr. Hathaway's and the other items dealing with the Jenkins - Keough Bill most interesting. (Hippocrat, Nov., 1957). They described the salient points of this Bill concisely, yet comprehensively. The directions for writing to our Senators and Congressmen also sounded useful and practical.

There are, however, two suggestions I would like to offer. First, to publish a list of our Senators and members of the House of Representatives, and also where and how they may be reached. Second, to publish the date, if available, of when the Jenkins - Keough Bill is due to reach the floor of Congress. I believe that many members would appreciate this additional information.

George B. Corcoran, Jr., M. D.

(The above was referred to our Legislative Councilor Dr. Louis E. Hathaway, who supplied the following informatoin. Ed.)

"Honorable John F. Kennedy,
United States Senator
Senate Office Building
Washington, D. C.

Honorable Leverett Saltonstall,
United States Senator
141 Senate Office Building
Washington, D. C.

Honorable Edward P. Boland
U. S. Congressman
2nd Hampden District*
House Office Building
Washington, D. C.

**The 2nd Hampden District* covers: Agawam, Brimfield, Chicopee, Easthampton, East Longmeadow, Granby, Hadley, Hampden, Hatfield, Holland, Longmeadow, Ludlow, Monson, Northampton, So. Hadley, Springfield, Wales, West Springfield and Wilbraham.

Honorable John W. Hesselton,
U. S. Congressman
1st Hampden District**
House Office Building
Washington, D. C.

***The 1st Hampden District* covers: Westfield, Holyoke, Blandford, Tolland and others in Berkshire and Franklin Counties."

Chairman Jere Cooper (D.,Ky.) of the House Ways and Means Committee, which steadfastly has refused to consider the Jenkins-Keough bills this year, has announced general taxation hearings to start next January 7, when the legislation will be among the subjects taken up. The time to write to our Senators and Congressmen therefore is now.

Municipal Hospital

Dear Hippocrat:

Ten years ago a group of six dedicated physicians, shielding themselves from all extraneous influences, set about building the Springfield Municipal Hospital for chronic disease. Five years later the first task was completed, and a volunteer staff of 70 medical and dental men was organized. Temporary accreditation from the Joint Commission on Accreditation of Hospitals was obtained.

About three years ago the hospital lost its accreditation primarily because no medical director, as promised earlier, appeared. Last month the staff, whose size and attendance had dwindled considerably, decided to stop staff meetings for the present. For three years the staff had objected to cancelling the volunteer service plan in favor of a payment plan for staff physicians. It also recommended repeatedly that a medical director be obtained.

It is sincerely hoped that the present Board which has replaced nearly all of the original Board of Trustees,

will put its house in order before it is too late. Failing to do so there will be little sympathy if the new City Hall Administration finds it necessary to dilute the present Medical Board with laymen, and sees to it that the seven million dollar Springfield Municipal Hospital is run as a hospital and not as a poor house.

W. A. R. Chapin, M. D.

Foreign Graduates

Dear Hippocrat:

After nearly three years of planning, the Educational Council for Foreign Medical Graduates has placed an "open for business" sign on the door of its offices in suburban Evanston. The executive director is Dr. Dean F. Smiley, Chicago, former secretary of the Association of American Medical Colleges.

Dr. Smiley said the council will distribute to foreign medical graduates around the world authentic information regarding the opportunities and difficulties involved in coming to the United States on an exchange student visa in order to take training as an intern or resident in a U. S. hospital, or coming on an immigrant visa with the hope of becoming licensed to practice.

The council will make available to properly qualified foreign medical graduates, while still in their own country, all information on how to obtain certification. This involves a three-way screening process:

1. The council will certify that a student's educational credentials have been checked and found meeting minimal standards—18 years of formal education, including at least four years in a bonafide medical school, but excluding hospital training.

2 The council will certify that knowledge of English has been tested and found adequate for the needs of an internship in an American hospital.

3 The council will certify that the general knowledge of medicine, as evidenced by passing of the American Medical Qualification Examination, is adequate for assuming an internship in an American hospital.

The council also will provide hospitals, state licensing boards, and specialty boards, which the foreign medical graduate designates, with the results of the three-way screening. It also will accumulate and publish each year complete data regarding the numbers and placement of foreign medical graduates in this country.

Ernest B. Howard,
Assistant Secretary, A.M.A.

Welfare Fees

Dear Hippocrat:

Many inquiries have been received from physicians regarding the newly established method of payment by the Welfare Department. Instead of the old "Vendor" system, whereby the doctor was paid by the Welfare Department, the new "Direct" system allows the physician to receive his fee directly from the patient with no *third party involved.*

This change was necessitated by a new Federal Law (Public Law 85-110). Although the cities prefer the older method because it entails less bookkeeping, the new system has advantages of its own. It is less socialistic, and it allows the physician, in accordance with time-honored tradition, to collect his own fees. The local Department realizes that in many cases, especially in the elderly and mildly psychotic patient, the doctor will never be paid due to forgetfulness, etc.

The State, and subsequently the cities and towns that make up the Commonwealth, must abide by the legal regulations if allowable reimbursements from the Federal and State grants can be justified. Welfare costs in Springfield last year amounted to $5,000,000.00, and of this sum, $4,000,000.00 was reimbursed to the City

by the State and Federal grants.

At the Annual Meeting of the M. M.S. in 1953 when the "Vendor" system was approved, it was by a very small margin. An official of the State Medical Society argued then for the present system of direct payment. I am for it now. I was in favor of it then.

William J. Cosgriff, M.D.
Medical Advisor,
Welfare Department
Springfield, Mass.

THE AMA on The Social Security Act

"Every argument which has ever been used to support social security can be used with equal validity to support socialized medicine by changing a few words. If you ask for the one, prepare to get both. It is planned that way."

\- - - - -

"Since Bismarck introduced socialized medicine in Germany three quarters of a century ago, the threat of socialized medicine through the extension of so-called social insurance has been ever-present in Western civilization. The history of developments in this field in foreign countries should alert the medical profession to the usual consequence of federal social security program."

\- - - - -

"Those who sponsor social security regard professionals as a source of income and admit that most of them will never claim any benefits. Professional people are to be the source of funds to pay the "benefits" of others".

\- - - - -

"The late Robert A. Taft classified the Social Security Act as our greatest single step toward socialism."

---

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NEW DOSAGE The recommended adult dose is 1 Gm. (2 tablets or 4 teaspoonfuls of syrup) the first day, followed by 0.5 Gm. (1 tablet or 2 teaspoonfuls of syrup) every day thereafter or 1 Gm. every other day for mild to moderate infections. In severe infections where prompt, high blood levels are indicated, the initial dose should be 2 Gm. followed by 0.5 Gm. every 24 hours. Dosage in children, according to weight; i.e., a 40 lb. child should receive ¼ of the adult dosage. It is recommended that these dosages not be exceeded.

Tablets: Each tablet contains 0.5 Gm. (7½ grains) of sulfamethoxypyridazine. Bottles of 24 and 100 tablets.

Syrup: Each teaspoonful (5 cc.) of caramel-flavored syrup contains 250 mg. of sulfamethoxypyridazine. Bottle of 4 fl. oz.

[1]Nichols, R. L. and Finland, M.: J. Clin. Med. 49:410, 1957.

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DECEMBER (3) MEETING HIGHLIGHTS

Meeting was held at Hartman's, formerly Rovelli's . . . . It is graced by the presence of our fair ladies of The Auxiliary . . . . More than 100 are in attendance . . . . After President Johnson's warm welcome, Mrs. William J. Devlin, President of the Auxiliary, responds graciously . . . . She announces that more than $17,000 were netted at the recent White Cap Ball sponsored by the Auxiliary . . . . President Johnson postpones business until after scientific program . . . . Guest speaker is Theodore G. Klumpp, M. D., president of Winthrop Laboratories . . . . Topic is "A New Look at The Old Ticker".

(Abstract of Dr. Klumpp's fine address will appear in January issue.)

PATRONIZE OUR ADVERTISERS AND MENTION THE HIPPOCRAT!

CIRRHOSIS

Cirrhosis of the liver is now among the 10 leading causes of death in the United States, the Metropolitan Life Insurance Company reported.

More than one fourth of the deaths from the disease were reported to be associated with alcoholism, but the reporting appears incomplete. Med. Sc.

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MSD

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EVERY DOCTOR'S OFFICE A HEALTH CENTER

Actually there is no sharp line of demarcation between curative and preventive medicine. The old adage of "an ounce of prevention is worth a pound of cure" is always applicable, and the practicing physician is in an excellent position to apply both, prevention and cure. The general public visits the physician's office with a fair degree of periodicity, for a sinus infection, a cold, a gall bladder attack or some other discomfort. Every time the practitioner has contact with the public he should call attention to all available preventive procedures without which all of us stand the risk of becoming ill, handicapped or even die.

There is no public health agency that can serve on such a direct, individual service basis. The doctor's office can be and should be a health station in which all of his patients can avail themselves of all preventive as well as curative services. Such a combination of services rendered to individuals represent good community health.

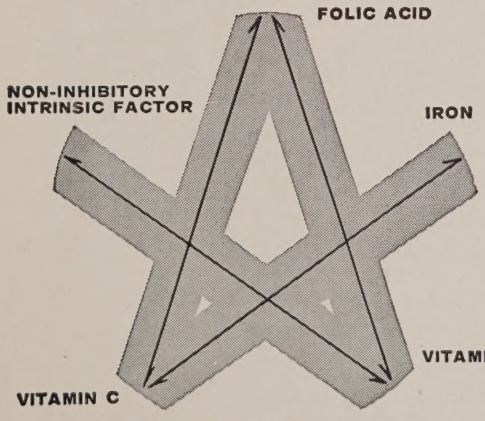
Ayers

MEDICAL READER

The Hippocrat wishes to commend the Committee on Publications and Secretary Buck for the excellence of the most recent Directory of the Massachusetts Medical Society. Much new information has been added to this indispensable volume, including a new map. We can suggest no further embellishments unless it be the inclusion of profiles if not portraits of the responsible parties. A copy of the new Directory is yours for the asking. All you have to do is direct your request to Massachusetts Medical Society, 22 the Fenway, Boston, Massachusetts.

S. Q. Lapius

WHY PRONEMIA IS ACTIVE IN ALL TREATABLE ANEMIAS



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Vitamin B_{12} (additional)	15 mcgm.
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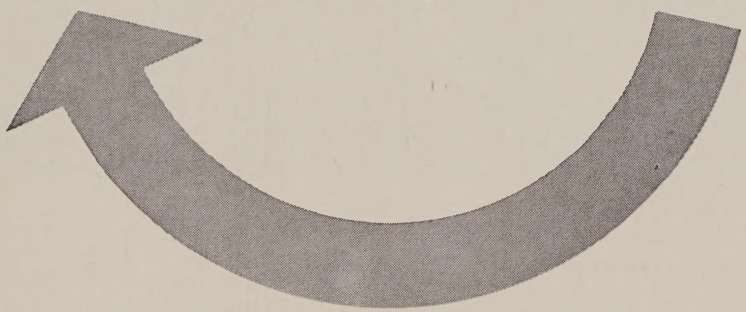
prescribe RAUDIXIN to break the mental tension—hypertension cycle



*Raudixin reduces mental tension

Tranquilizing Raudixin reduces the mental tension which plays a significant role in hypertension ... reduces mental tension as yet unrelated to physical symptoms.

*Raudixin reduces hypertension

Blood pressure lowering effect is gradual, sustained in hypertensives... little or no hypotensive effect is produced in normotensives.

*Single daily dosage discourages promiscuous overuse by patients... not habit-forming.

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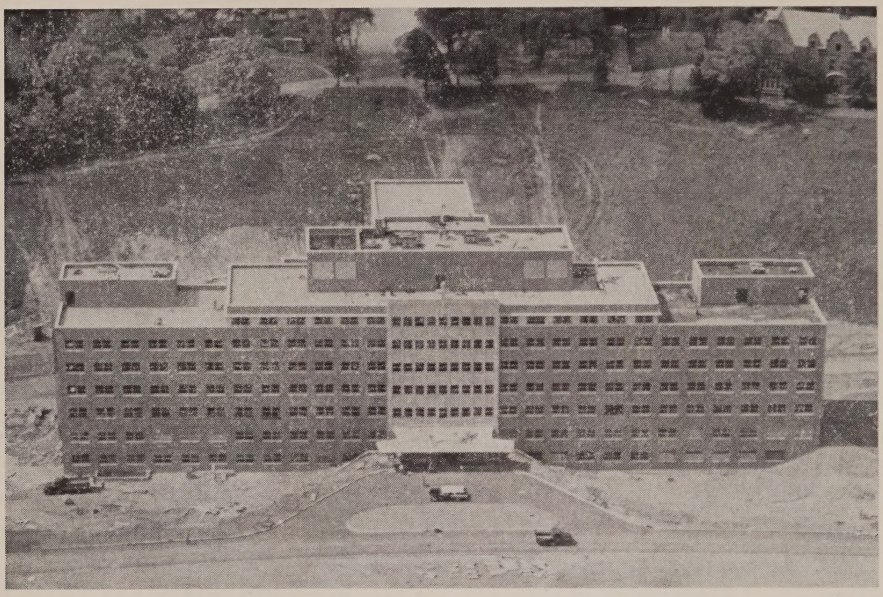
HOSPITAL CONSTRUCTION



I—Providence Hospital

Rising on an elevation above Riverdale Road at the West Springfield-Holyoke line is the new Providence Hospital, an impressive T-shaped building of six stories featured by yellow brick walls with white trim. The brainchild of Eggers & Higgins, New York architects, the hospital plant is being constructed by Daniel O'Connell's Sons, Inc., of Holyoke.

Funds for the construction of the new structure which will cost $4,500,000 were raised by a general fund drive in the parishes to be served by the hospital, by a federal hospital grant and by bank loans.

Designed to replace the present out-moded Providence Hospital in downtown Holyoke, the new plant is being placed to serve West Springfield, Agawam and areas of Chicopee not previously accommodated by the present hospital, in addition to Holyoke and South Hadley.

Addition of these new areas will result perhaps in a tight bed situation, but the funds available do not permit a larger hospital to be built at the start. However, the building is designed to permit expansion in the form of new wings, and it is the hope of Bishop Christopher J. Weldon and the Sisters of Providence that the years ahead

may see the development of a much larger plant.

As to the general details of the hospital facilities, there are to be 200 beds plus 60 bassinetttes. All rooms are outside ones, most with built-in lavatories, and 60% are devoted to private and semi-private use.

In addition to the usual labs, pathology and X-ray departments, there will be an OPD, coffee-shop, auditorium, 4 major operating rooms, two 4-bed recovery rooms and a beautiful chapel for the nuns' and patients' use.

Ground was broken in December 1956 with completion estimated at two years, but we are delighted to report that work has gone so well that completion is now estimated for June 1958. J. A. Burke, M. D.

(Editor's Note:

A number of hospitals in this area are in the midst of replacing old structures or adding to existing facilities. In this, and in the next few issues, the Hippocrat will endeavor to describe these newer structures and to report, with photographs when available, of their progress.)

NEXT MONTH, II — THE NOBLE HOSPITAL

COMPLIMENTS
Ernest A. Byron
SPRINGFIELD

On November 18, 1957, a health panel with questions and answers was held at the South Congregational Church. The following physicians participated; Drs. James D. Fisher, Barron D. Knox, Wayne B. Barnes, Frederick Hopkins, James Smead, Azel Barney and Kenneth McEwen.

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FIGHT THE FORAND BILL!

by

RALPH T. MILLER, M.D.

Socialized medicine is moving in on us closer and closer. The noose draws tighter with the latest tug being administered by representative Aime Forand of Rhode Island, who has filed a Bill in Congress (HR 9467) which would provide free hospital and surgical benefits to some 13 million persons eligible for retirement under the old age, survivors and disability program (OASI) of the Social Security Act. Briefly the Forand Bill would provide the following program:

1. Persons receiving OASI retirement (but not disability) benefits, eligible for them, plus surviving widows and children, would be covered by the hospitalization plan.
2. Hospital services would be in semi-private accommodations.
3. A total of 120 days of Hospital or nursing home care would be allowed each year, but no more than 60 days of this could be hospital care.
4. Admission to a hospital or nursing home would be on a certificate from a physician.
5. It will finance the cost of necessary surgical care (not elective surgery) performed by surgeons certified by the American Board of Surgery or who are members of the American College of surgeons.
6. It will increase cash monthly benefits across the board. For instance, furture beneficiaries' maximum individual monthly benefits would become $151.80. Family benefits would be increased so that the maximum monthly benefit could reach $305 instead of the present $200.

Where would the money come?

To finance the cost of this entire proposal, including these additional medical benefits, the bill would increase the base on which wage-earners are taxed from the present $4,200 to $6,000. In addition it would increase the present rates of contribution of employees and employers by 1/2 of one percent *each* in 1959 and the self-employed would pay 3/4 of one percent more based upon the proposed $6,000 annual maximum. By 1975 the rate of tax for employees would be 4-3/4% and a like tax would be imposed on their employers for a toal of 9-1/2% of wages up to $6,000 annually. For self-employed persons the tax would be equal to 7-1/8% on the first $6,000 of self-employment income (the maximum payment would be $427.50 annually).

The Forand Bill should arouse a storm of protest from the medical profession like never before. It has so many pitfalls and drawbacks that one hardly knows where to begin. It will undoubtedly be set up on the state welfare department system, whereby the physician will require permission from a social worker to treat the patient. It provides for surgical but not for medical care. It bars elective surgery, and it covers surgery only if performed by certified or FACS surgeons. This is not going to help the recipient who lives in the country and is dependant on the general practitioner for his acute surgical problems. Many of them will suffer from having to be transported long distances, or pay their own bills. It discriminates unfairly against a large group of competent surgeons who do not belong to either of the recognized groups. Furthermore, this act would have an advisory health council, the chairman of which would be the commissioner of Social Security and there is no provision to include physicians, certainly not a majority.

The problem of the Forand Bill was best expressed by President Sullivan of the M. M. S. when in a recent letter to the Fellows he stated:

"The implications of this legislation are obvious. The federal government will be laying down rules for the

practice of medicine insofar as OASI beneficiaries (an estimated 13 million) are concerned, and our Society's attempt at solving the problem of medical and surgical care of the aged through its promotion of Blue Shield, Plan A, might well be scrapped.

"We urge you to contact your Congressional delegation before Congress convenes in January. If we are to defeat this strong attempt to socialize medicine, we must begin to act now!"

(For complete listing of Senators and Congressmen, see page 8.)

CURRENT STATUS OF ASIAN INFLUENZA

For the past six to eight weeks the Hampden District area has been experiencing an unusually high rate of respiratory infections. The total number, especially of those affected by Asian Influenza virus, has been impossible to ascertain with any degree of accuracy. Utilizing absenteeism criteria, the prevalence rate in the Springfield schools got as high as 20% of the total enrollment. Some industries have reached an absenteeism rate of 10-11%. Certainly not all of it was or is due to Asian influenza, but a large proportion must be.

The course of Asian Influenza in our locale has been a pattern characteristic of that throughout the country. First, the young would be attacked in large numbers, only to be followed by the adults. An attack rate of 20% seems to be the average with the increased incidence of cases spreading out over a period of six to eight weeks. An average mortality rate of 0.1 - 0.2% has also been noted but primarily due to a secondary pneumonic process. In many fatal instances the pneumonic process is secondary to some other underlying illness but severe enough to be the immediate cause of death.

In spite of shortages of vaccine and of conflicting information on dosage, physicians have vaccinated many individuals. Some, to their own regret; others, to their great satisfaction. Even at the present writing, confusion still reigns as to vaccine efficacy, dosage and reactions. Reports on efficacy vary from 48% to 70%. With the increase in the vaccine's potency from 200 C.C.A. to 400 C.C.A. units, it is claimed that antibody appearance will be increased from 81% to 94% of those inoculated. Moreover, this would mean greater and more rapid immunity.

With the advent of the more potent vaccine the United States Public Health Service now recommends that 1 c.c. be given subcutaneously for all except young children, who are to receive 0.1 c.c. intradermally twice at an interval of one week. Those who had previously received 0.1 c.c. intradermally, and those who had received 1.0 c.c. subcutaneously but who are in special risk groups, should now receive a second 1.0 c.c. subcutaneous dose of 200 C.C.A. vaccine or 0.5 c.c. of the 400 C.C.A. vaccine in not less than two weeks after the first dose. From the above, one might conclude that protection from the vaccine is "definite but incomplete." Insofar as adverse systemic reactions are concerned, reports vary from an incidence of 5 to 20%. With or without vaccine, cases of Asian influenza have and will continue to occur. Some cases, severe; few, even fatal; most, mild. In severe cases it is important that blood and sputum be cultured immediately to identify promptly the predominant bacterial agents, and to determine their sensitivity to antibiotics. The importance of identifying and of sensitivity-testing complicating bacteria cannot be stressed too strongly. We must know our adversaries if we are to conquer.

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